



*Nurturing personal growth and
supporting meaningful lives
since 1976*

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Date Available: _____

Position(s) applying for: _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give dates: _____

Do you have a valid Montana Driver's License? ☐ Yes ☐ No

Will you accept:

Full Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Late Night Hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
On Call	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No

Counterpoint will always strive to make reasonable accommodations for any physical or mental impairment as required by the Americans with Disabilities Act. The position being applied for has been evaluated for modification and the minimum Physical demands are provided in the job description. To this effort, after reviewing the job description provided to you by Counterpoint, is there any physical or mental limitation that may prevent you from meeting the needs of the position applied for? (Meeting the needs means being able to perform the job with or without an accommodation)

Please Initial Your Response: YES _____ NO _____

EDUCATION

Name & Location of School (City, State)	Major/Minor Field of Study	Degree/Certificate
Last High School Attended		
G.E.D.		
College/University/Vocational		

Check any of the following skills or certifications you have:

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> Typing WPM _____ | <input type="checkbox"/> CPR | <input type="checkbox"/> Computer |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Ten Key | <input type="checkbox"/> Manual Sign Language |
| <input type="checkbox"/> DDCPT or Equivalent | <input type="checkbox"/> MANDT | <input type="checkbox"/> Medication Certification |

Describe any other training (workshops/seminars) you have completed that will help to qualify you:

EMPLOYMENT EXPERIENCE

Start with your present or last job and go back a minimum of (5) years, listing former employers. You may include military service assignments and volunteer activities.

1. Employer's Name: _____

Address: _____
Street City State Zip

Job Title: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Wage: _____

Reason for Leaving: _____

Duties performed: _____

2. Employer's Name: _____

Address: _____
Street City State Zip

Job Title: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Wage: _____

Reason for Leaving: _____

Duties performed: _____

3. Employer's Name: _____

Address: _____
Street City State Zip

Job Title: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Wage: _____

Reason for Leaving: _____

Duties performed: _____

4. Employer's Name: _____

Address: _____

Street City State Zip

Job Title: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Wage: _____

Reason for Leaving: _____

Duties performed: _____

5. Employer's Name: _____

Address: _____

Street City State Zip

Job Title: _____

Supervisor: _____ Phone: _____

Start Date: _____ End Date: _____ Wage: _____

Reason for Leaving: _____

Duties performed: _____

PROFESSIONAL REFERENCES

(Most recent supervisors or instructors required. Do not list friends or relatives.)

1. Name: _____

Address: _____
Street City State Zip

Phone: _____ Relationship: _____

2. Name: _____

Address: _____
Street City State Zip

Phone: _____ Relationship: _____

3. Name: _____

Address: _____
Street City State Zip

Phone: _____ Relationship: _____

I hereby authorize Counterpoint, Inc. to inquire as to my record with any or all of my former employers with no liability arising therefrom. I hereby certify that all information above is true and complete to the best of my knowledge. I am aware that falsification or misrepresentation of required information is grounds for dismissal or disqualification from employment with Counterpoint, Inc.

Signature

Date

COUNTERPOINT, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

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